No. L 5018 Return to:		Due no later than Mar 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ANDERSEN FAMILY LIMITED PARTNERSHIP ALAN H ANDERSEN 488 RIVERSIDE DR BURLEY ID 83318			2. Registered Agent and Address (NO PO BOX) ALAN H ANDERSEN 488 RIVERSIDE DR BURLEY 83318 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				488 RIVERS BURLEY				
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	PARTNER NORMA J ANDERSEN		488 RIVERSIDE DR	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID L 5018		Signature: Norma Andersen			Date: 01/17/2015			
		Name (type o	r print): Norma Andersen		Title: general partner			
Processed 01/17/2015 * Electronically provided signatures are accepted as original signatures.								